

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1      |          |        |                       |        |                        |        |
| 2      |          |        |                       |        |                        |        |
| 3      |          |        |                       |        |                        |        |
| 4      |          |        |                       |        |                        |        |
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| 10     |          |        |                       |        |                        |        |
| 11     |          |        |                       |        |                        |        |
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| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |

|        | Indep | Depend | Indep | Depend | Indep | Depend |
|--------|-------|--------|-------|--------|-------|--------|
| 51     |       |        |       |        |       |        |
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| 100    |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Indep  |       |        |       |        |       |        |
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| Total  |       |        |       |        |       |        |
| Claims |       |        |       |        |       |        |